## Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

KEPOKI OF KEGEIFIS	HIND DISBU	ROEWENIS	
Candidate's Name LARRY BYRD	No.		DECEIVE
Full Address 17 BYRD RD, PETA	L MS		JAN 2 9 2010
Telephone 601 - 544 - 1877 (Fax)	′		Secretary of State
E-mail LBYRO Q HOWSE. MS. GOV.			Copina
Office Sought House OF REP. DIST. 104 P	olitical Party	REPUBL	LAN
Check here if above is different from previous report			1 7
TY	PE OF REPORT	- Section	
	, through Decembe	er 31, 2009)	All Candidates and Political Committees
Termination Report (Candidate will no longer accept of expenditures and has no outstand			quired to terminate reporting igations
(A) Dro Florida	PORTANT		
(1) Pre-Election reports are mandatory, even if no contributi shall submit a report indicating "0" (Zero) for total amount	ons or expenditure nt of reported contr	s have occurred. I butions and expe	In such case, the candidate enditures during this period.
(2) Until a Candidate files a Termination Report, annual and Ann. § 23-15-807 (b) (ii) and (iii).			<u> </u>
(3) The municipal clerk must be in actual receipt of the requion a weekend or a holiday, the office must be in actual rebefore the deadline. Faxed reports are acceptable.	ired reports by 5:00 eceipt of the require	p.m. on the reported reports by 5:00	rting day. If the deadline falls p.m. on the first working day
REPORTED CONTRIE	RUTIONS AND I	DISBURSEME	NTS (ASHIL-30.08
(itemized + non-itemiz	249	s Period	Calendar 896. 5
Total amount of contributions	\$ 11.	50.00	\$ 115000
Total amount of disbursements	\$ 165	3.28	\$ 1653.28
Total amount of cash on hand	\$ 39	2.81	1, 65 5.
I certify that I have examined this report and to the best	of my knowledge		e, accurate, and complete.
Signature of Candidate  Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutor Penalties: Failure to submit required reports, or failure to submit reports i result in fines of \$50 per day and/or prosecution in accordance with Miss.	in accordance with stat	Date utory deadlines, or fa 1 and 813 (1972).	tilure to submit valld reports shall
SEND TO:  1.Candidates for statewide, state district, multi- Secretary of State, Elections Division, P.O. B 601-576-2819. 2. Candidates for countywide and county distri	ox 136, Jackson, MS	39205 or fax to 601	1-359-1499 or
,,,	The same of the sa	totals to dieli	county Circuit Ciera.

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
749 Rio6E(MID) RO	214109	\$ 328,90	
City, State, Zip Code  Rip GELAND MS	3/24/09	\$ 328.99	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 657.80	
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
749 RIDGEWOOD OR	11,12,09	\$ 459.00	
City, State, Zip Code Rings Lawn MS	_/_/_	\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 459.00	
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		\$	
City, State, Zip Code	_/_/_	s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		\$	
City, State, Zip Code		s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	//	\$	
City, State, Zip Code		s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
F. Full name	Date (Mo., Day, Year)	Amount of each	
Mailing Address	/_/	disbursement this period \$	
City, State, Zip Code		s	
Purpose of Disbursement (Optional)	Aggregate	S	

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Name of Candidate or Committee LARRY BYRD

Reporting period TAN 1, 200 9 through DEC. 31, 200 9

ITEMIZED RECEIPTS

. Source: A Corporation □ PAC □ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period	
Other (please specify)	0 00 111 121 09	\$ 250,6%	
TRUNK WESTERN RAILRON	_'_'_	\$	
1800 LiverNoil Suit 300  ity, State, Zip Code		\$	
TROV M:CH:GAN lame of Employer (Required)		\$	
Occupation (Required)	Aggregate year-to-date	\$ 250.00	
3. Source: Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period	
Other (please specify)	11 121 09	\$ 250.00	
NORFOLK SOUTHERN CORP.  Mailing Address	r	\$	
THREE COMMERCIAL PLACE City, State, Zip Code		\$	
Name of Employer (Required)		\$	
Occupation (Required)	Aggregate year-to-date	\$ 250.00	
C. Source: Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Date Amount of each receipt this period	
Other (please specify)	12131109	\$ 250.00	
Mailing Address		\$	
PO BOX 61270 City, State, Zip Code		\$	
PHOENIX AZ  Name of Employer (Required)	11	\$	
Occupation (Required)	Aggregate year-to-date	\$ 250.06/	
D. Source: Corporation C PAC Individual C Loan	Date (Mo., Day, Year	receipt	
Other (please specify) Full name		\$	
Mailing Address		\$	
City, State, Zip Code	11	_ \$	
Name of Employer (Required)	ii	_ S	
Occupation (Required)	Aggregate year-to-date	\$	